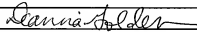


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p>Complete If Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$)	
		Attorney Docket No.	

<p>METHOD OF PAYMENT (check all that apply)</p>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.	
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p>	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<p>FEE CALCULATION</p>							
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
<p>2. EXCESS CLAIM FEES</p>							
<u>Fee Description</u>						<u>Small Entity</u>	
						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>		
21	- 44 =	0	x _____ =		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>
<p>HP = highest number of total claims paid for, if greater than 20.</p>							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
1	- 3 =	0	x _____ =				
<p>HP = highest number of independent claims paid for, if greater than 3.</p>							
<p>3. APPLICATION SIZE FEE</p>							
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____	- 100 =	/ 50 = _____		(round up to a whole number) x _____ =			
<p>4. OTHER FEE(S)</p>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,110.00	
1801 Request for continued examination (RCE) (see 37 ...)						810.00	

<p>SUBMITTED BY</p>			
Signature		Registration No. (Attorney/Agent)	52,949
Name (Print/Type)	Dianna Goldenson	Telephone	(212) 527-7700
		Date	December 1, 2008